

Civil Action No. 3:10-cv-324

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) CF Medical LLC  
was received by me on (date) 08/02/2010.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
\_\_\_\_\_, a person of suitable age and discretion who resides there,  
on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) \_\_\_\_\_, who is  
designated by law to accept service of process on behalf of (name of organization) \_\_\_\_\_  
on (date) \_\_\_\_\_; or

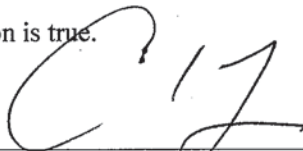
☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): I served summons and complaint by certified mail, return receipt requested, on August 9,  
2010.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 08/16/2010



Server's signature

Alan C. Lee, Esq., Plaintiff's Attorney

Printed name and title

PO Box 1357  
Morristown, TN 37816-1357

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Eastern District of Tennessee

James E. Hill

*Plaintiff*

v.

CF Medical LLC and  
Capio Partners

*Defendant*

Civil Action No.

3:10-cv-324

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* CF Medical LLC  
c/o The Corporation Trust Company of Nevada  
311 South Division Street  
Carson City, NV 89703

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Alan C. Lee, Esq.  
PO Box 1357  
Morristown, TN 37816-1357

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

PATRICIA L. MONTE, CLERK  
CLERK OF COURT

Date:

7/27/2010

K. Watson

*Signature of Clerk or Deputy Clerk*

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>CF Medical LLC  c/o The Corporation Trust  Company of Nevada  311 South Division Street  CARSON CITY, NV 89703</p>		<p>B. Received by (Printed Name) <i>J. Allen</i> C. Date of Delivery <i>8-9-10</i></p>	
<p>2. Article Number  (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p><i>Hill</i></p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7008 3230 0000 6472 8767</p>			
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt 102595-02-M-1540</p>	

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## Track & Confirm

### Search Results

Label/Receipt Number: **7008 3230 0000 6472 8767**Class: **First-Class Mail®**Service(s): **Certified Mail™**  
**Return Receipt**Status: **Delivered**

Your item was delivered at 11:01 am on August 09, 2010 in CARSON CITY, NV 89703.

Detailed Results:

- **Delivered, August 09, 2010, 11:01 am, CARSON CITY, NV 89703**
- **Acceptance, August 06, 2010, 1:49 pm, TALBOTT, TN 37877**

### Notification Options

#### Track & Confirm by email

Get current event information or updates for your item sent to you or others by email. [Go >](#)

### Track & Confirm

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No FEAR Act EEO Data

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